

IPDR6702		NORTH CAROLINA				PAGE: 1			
RUN DATE: 10/16/2006		IPRS CHECKWRITE SUMMARY REPORT							
		CHECKWRITE DATE: 10/17/2006							
		FINANCIAL PAYER: NCDMH							
PROVIDER		HIGH DENIAL	NUMBER OF			TOTAL	TOTAL		
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS	
					DENIALS	DENIALS	FINALIZED	PAID	
3404901	SMOKY MOUNTAINM	8599	172	DETAIL NOT COVERED BY COMBINAT					
	H/DD/SAS			ION OF RECIPIENT, PROVIDER AND					
				BENEFIT PACKAGE.					
		8536	28	ATTENDING PROVIDER TYPE AND SP	0	229	372	143	
				ECIALTY COMBINATION IS NOT					
				VALID FOR SUBMITTED BILLING PR					
		191	19	CLIENT ID NUMBER DOES NOT MATC					
				H PATIENT NAME					
3404904	WESTERN HIGHLAN	191	33	CLIENT ID NUMBER DOES NOT MATC					
	DS LME			H PATIENT NAME					
		8536	14	ATTENDING PROVIDER TYPE AND SP	0	61	5526	5465	
				ECIALTY COMBINATION IS NOT					
				VALID FOR SUBMITTED BILLING PR					
		8533	4	SERVICE FACILITY LOCATION CANN					
				OT BE AN ATTENDING PROVIDER					
				IDENTIFIED AS AN INDIVIDUAL.					
3404910	PATHWAYS	11	223	CLIENT NOT ELIGIBLE ON SERVICE					
				DATE					
		8599	68	DETAIL NOT COVERED BY COMBINAT	57	417	3711	3294	
				ION OF RECIPIENT, PROVIDER AND					
				BENEFIT PACKAGE.					
		8933	42	ADTNC INELIGIBLE TO RECEIVE SE					
				RVICES IN IPRS.					
3404912	CATAWBA COUNTYM	8935	13	ASTNC INELIGIBLE TO RECEIVE SE					
	ENTAL HEALT			RVICES IN IPRS.					
		191	10	CLIENT ID NUMBER DOES NOT MATC	14	34	810	776	
				H PATIENT NAME					
		3411	7	PROVIDER TYPE AND SPECIALTY 07					
				4/113 CANNOT BILL ENHANCED					
				BENEFIT SERVICES ON OR AFTER D					
3404913	MECKLENBURG COM	21	685	DUPLICATE OF CLAIM-SYSTEM					
	ENTAL HEALT								
		8599	206	DETAIL NOT COVERED BY COMBINAT	74	1165	1962	797	
				ION OF RECIPIENT, PROVIDER AND					
				BENEFIT PACKAGE.					
		10	65	DIAGNOSIS OR SERVICE INVALID F					
				OR CLIENT AGE. VERIFY CID,					
				DIAGNOSIS, PROCEDURE CODE FOR					
3404916	CROSSROADS BEHA	79	28	THIS SERVICE IS NOT PAYABLE TO					
	VIORAL HEAL			YOUR SUBMITTED BILLING					
				PROVIDER TYPE AND SPECIALTY IN					
		120	8	CLIENT ID NUMBER MISSING OR IN	0	53	829	776	
				VALID. ENTER CID AND SUBMIT					
				AS A NEW CLAIM					
		8621	7	60 RESIDENTIAL LEVEL III TREAT					
				MENT RECEIVED, PA IS REQUIRED					
				FOR ADDITIONAL SERVICE.					
3404917	CENTERPOINT HUM	21	273	DUPLICATE OF CLAIM-SYSTEM					
	AN SERVICES								
		8599	186	DETAIL NOT COVERED BY COMBINAT	25	822	2363	1541	
				ION OF RECIPIENT, PROVIDER AND					
				BENEFIT PACKAGE.					
		5404	90	SEVERE DUPLICATE: SAME ATTD PR					
				OV/PCODE/TOS/DOS/MOD					

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404919	GUILFORD CO MEN TAL HEALTHC	8931	192	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
		21	90	DUPLICATE OF CLAIM-SYSTEM	193	546	13142	12596
		8599	86	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404920	ALAMANCE CASWEL L AREA MH D	8505	2334	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	337	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	9	3067	3856	789
		79	100	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404921	ORANGE PERSON C HATHAM AREA	11	708	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		21	161	DUPLICATE OF CLAIM-SYSTEM	0	1082	4158	3076
		8599	101	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404922	THE DURHAM CENT ER	3411	2137	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
		3412	1658	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D	4	4237	7276	3039
		191	230	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404923	FIVE COUNTY MH	11	657	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8536	106	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR	0	1131	4797	3666
		8599	99	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404925	SANDHILLS CENTE R FOR MH/DD	8599	125	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		120	50	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM	18	268	4426	4158
		8621	46	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
3404926	SOUTHEASTERN RE G MENTAL HL	21	5945	DUPLICATE OF CLAIM-SYSTEM				
		8599	4164	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	375	15494	19680	4186
		8533	1427	SERVICE FACILITY LOCATION CANN OT BE AN ATTENDING PROVIDER IDENTIFIED AS AN INDIVIDUAL.				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404927	CUMBERLAND CO M HC	8599	151	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8622	120	60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.	1	400	1954	1554
		21	44	DUPLICATE OF CLAIM-SYSTEM				
3404930	JOHNSTON COUNTY MNTL HLTHC	8599	7	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		0	0		0	7	116	109
3404931	WAKE CO HUM SVC BILLING OF	21	2214	DUPLICATE OF CLAIM-SYSTEM				
		191	502	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	48	3232	8875	5643
		8599	238	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404933	SOUTHEASTERN CT R FOR MH/DD	21	11	DUPLICATE OF CLAIM-SYSTEM				
		8537	8	PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN	0	34	85	51
		8565	6	SERVICE EXCEEDS THE ALLOWABLE OF TWO OCCURRENCES PER POP GROUP WITHIN A FISCAL YEAR.				
3404934	ONSLow CARTERET BEHAV REAL	3411	458	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
		8535	250	SERVICE FACILITY LOCATION WAS NOT INCLUDED IN YOUR 837. PLEASE RESUBMIT YOUR CLAIM WIT	0	1214	2365	1151
		21	169	DUPLICATE OF CLAIM-SYSTEM				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	21	1	DUPLICATE OF CLAIM-SYSTEM				
		8931	1	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	1	2	1586	1584
3404937	EDGEcombe NASH MNTL HLTH C	21	34	DUPLICATE OF CLAIM-SYSTEM				
		79	6	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	0	42	63	21
		3411	1	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404939	NEUSE MENTAL HE ALTH CENTER	8599	24	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		120	1	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM	0	26	636	610
		79	1	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404941	PITT CO MH/DD/S AS CENTER	8534	6560	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
		8599	1202	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	81	12131	13521	1390
		21	1114	DUPLICATE OF CLAIM-SYSTEM				
3404942	ROANOKE CHOWANR UMAN SERVIC	8599	60	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	9	DUPLICATE OF CLAIM-SYSTEM	1	81	3164	3083
		3411	3	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
3404943	ALBEMARLE MENTA L HEALTH CE	8599	13	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8931	12	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	14	48	786	738
		5404	5	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
3404944	EASTPOINTE HUMA N SERVICES	8537	834	PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN				
		21	709	DUPLICATE OF CLAIM-SYSTEM	65	3742	8994	5252
		8599	695	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404946	FOOTHILLS AREAM ENTAL HEALT	8599	464	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		3411	254	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D	49	786	3034	2248
		8935	49	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404957	TIDELAND MENTAL HEALTH CTR	21	2	DUPLICATE OF CLAIM-SYSTEM				
		8931	2	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	3	6	142	136
		8932	1	CMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404979	NEW RIVER AREAM H/DD/SA PRO	8599	96	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		5404	68	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD	2	364	6504	6140
		11	60	CLIENT NOT ELIGIBLE ON SERVICE DATE				